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JCE813  
09/68  
09/22/00

## REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)  
RM233d

I hereby declare that:

My residence and post office address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: myselfand the title of my position with said assignee is: N/A

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Nolan

Patent Number	Date of Patent Issued
<u>5,812,978</u>	<u>9/22/98</u>

Title of Invention

Wheelchair Voice Control Apparatus

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled \_\_\_\_\_

the specification of which

 is attached hereto. was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

At least one error upon which reissue is based is described as follows:

Claims as issued are too narrow.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

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## (REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)

Docket Number (Optional )

RM233d

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Rick Martin

32,267

Correspondence Address: Direct all communications about the application to:

 Customer Number

23996

Place Customer  
Number Bar Code  
Label Here

Type Customer Number Here

OR

 Firm or  
Individual  
Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Orville K. Hollenbeck

Signature

Date

9/18/2000

Address of Assignee 8556 N. Sundown Trail / PO Box 413  
Parker, CO 80134

Patentee

Citizenship

Residence/Post Office Address

Patentee

Citizenship

Residence/Post Office Address

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## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

RM233d

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,812,978, granted 9/22/98, and for which a reissue patent is sought on the invention entitled Wheelchair Voice Control Apparatus

the specification of which

 is attached hereto. was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
- by reason of the patentee claiming ~~more or~~ less than he had the right to claim in the patent.
- by reason of other errors.

At least one error upon which reissue is based is described as follows:

Claims as issued are too narrow.

NOTE: Chain of assignment copies attached as Exhibit A.

[Page 1 of 2]

Board of Patent Appeals and Interferences. This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. If you are unable to complete this form, you should send it to the Board of Patent Appeals and Interferences, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
RM233d

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Rick Martin / Reg. No. 32,267

Correspondence Address: Direct all communications about the application to:

 Customer Number

23996



OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State		ZIP
Country			
Telephone	Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Daniel A. Nolan

Inventor's signature

Residence U.S.	Date
Post Office Address 5000 Columbia Rd. Annandale, VA 22312	Citizenship US

Full name of second joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)	
Inventor's signature	Date
Residence	Citizenship
Post Office Address	

I declare under penalty of perjury that the above information is true and correct. I understand that if I intentionally and materially misrepresent the truth in this declaration, I shall be subject to criminal punishment.

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT OWNER**

Docket No.  
RM2334

Serial No.

Filing Date

Patent No.

5,812,978

Issue Date

9/22/98

Applicant/ **Nolan**

Patentee:

Invention: **Wheelchair Voice Control Apparatus**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:

- the specification to be filed herewith.
- the application identified above.
- the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- No such person, concern or organization exists.
- Each such person, concern or organization is listed below.

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME

\_\_\_\_\_

ADDRESS

Individual       Small Business Concern       Nonprofit Organization

FULL NAME

\_\_\_\_\_

ADDRESS

Individual       Small Business Concern       Nonprofit Organization

FULL NAME

\_\_\_\_\_

ADDRESS

Individual       Small Business Concern       Nonprofit Organization

FULL NAME

\_\_\_\_\_

ADDRESS

Individual       Small Business Concern       Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF OWNER Orville K. Hollenbeck

SIGNATURE OF OWNER Orville K. Hollenbeck

DATE: 2/10/2000

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

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NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

PATENT NUMBER: 5812978

SERIAL NUMBER: 08/762804

ISSUE DATE: 09/22/98

FILING DATE: 12/09/96

TITLE: WHEELCHAIR VOICE CONTROL APPARATUS

APPLICANT: NOLAN, DANIEL A.

REEL: 009171 FRAME: 0353 DATE RECORDED: 05/07/98 NUMBER OF PAGES: 002

ASSIGNOR: NOLAN, DANIEL A.

EXC DATE: 05/01/98

ASSIGNEE: TRACER ROUND ASSOCIATES, LTD.

6601 LITTLE RIVER TURNPIKE, SUITE 200  
ALEXANDRIA, VIRGINIA 22312

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

RETURN ADDRESS: LANE, AITKEN & MCCANN

JOHN P. SHANNON  
WATERGATE OFFICE BUILDING  
2600 VIRGINIA AVENUE, N.W.  
WASHINGTON, DC 20037

NO MORE INFORMATION FOR THIS PATENT NUMBER 01/27/00 14:29

5-7-98

F 05-20-1998

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Patent and Trademark OfficeTab settings    ▼

100714965

Attached original documents or copy thereof.

## 1. Name of conveying party(ies):

Daniel A. Nolan

Additional name(s) of conveying party(ies) attached?  Yes  No

## 3. Nature of conveyance:

 Assignment Merger Security Agreement Change of Name Other \_\_\_\_\_

Execution Date: May 1, 1998

## 2. Name and address of receiving party(ies):

Name: Tracer Round Associates, Ltd.

Internal Address: Suite 200

MAY 7 1998

Street Address: 6601 Little River Turnpike

City: Alexandria State: VA ZIP: 22312

Additional name(s) & address(es) attached?  Yes  No

## 4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

## A. Patent Application No.(s)

08/762,804

## B. Patent No.(s)

Additional numbers attached?  Yes  No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: John P. Shannon

Internal Address: Lane, Aitken &amp; McCann

Watergate Office Building

Street Address: 2600 Virginia Avenue, N.W.

City: Washington, State: D.C. ZIP: 20037

## 6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41): \$ 40.00

 Enclosed Authorized to be charged to deposit account

## 8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

## 9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

John P. Shannon, Reg. No. 29,276  
Name of Person SigningJohn P. Shannon  
Signature

5-6-98

Date

Total number of pages comprising cover sheet  
PATENT

1

ASSIGNMENT

WHEREAS, Daniel A. Nolan of 5000 Columbia Road, Annandale, Virginia 22003-6116 (hereinafter "Assignor"), is the inventor of an invention entitled Wheelchair Voice Control Apparatus, set forth in an application for Letters Patent of the United States; and

WHEREAS, Tracer Round Associates, Ltd. of 6601 Little River Turnpike, Suite 200, Alexandria, Virginia 22312, a corporation of Virginia, (hereinafter "Assignee"), is desirous of acquiring or has acquired an interest therein and would like to have a document suitable for recording that interest;

NOW THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, Assignor, by these presents does sell, assign and/or transfer, or acknowledges that he has sold, assigned and/or transferred unto Assignee and Assignee's successors, legal representatives, heirs and assigns, the full and exclusive right, title and interest in the United States of America and all foreign countries to the said invention as described in the application for Letters Patent of the United States serial number 08/762,804, filed December 9, 1996, to said application, to all Letters Patent in the United States and all foreign countries which have been or may be granted on said invention, to all divisions, continuations and continuations-in-part of said application, to all reissues, reexaminations, and extensions of said Letters Patent, and to all rights respecting the invention that are accorded by international treaty; said invention, all of said applications for Letters Patent, all Letters patent therefor, and all of said treaty rights to be held and enjoyed by Assignee for Assignee's own use and behoof and for Assignee's legal representatives, successors, heirs, and assigns, to the full end of the term of said Letters Patent and any extensions thereof, as fully and entirely as the same would have been held by Assignor had this assignment and sale not been made; and for the same consideration, Assignor hereby covenants and agrees that Assignor will, whenever counsel of Assignee, or counsel of Assignee's successors, legal representatives, heirs or assigns, shall advise that any proceeding in connection with Letters Patent for said invention in any country, including interference proceedings, is lawful and desirable, or that any division, continuation or continuation-in-part of any application for Letters Patent, or any reissue or extension of any Letters Patent, obtained or to be obtained thereon, is lawful and desirable, sign all papers and documents, take all lawful oaths, and do all acts necessary or required to be done for the procurement, maintenance, enforcement and defense of Letters Patent for said invention, without charge to Assignor,

PATENT

RECORDED: 05/07/1998

REEL: 9171 FRAME: 0354